

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90087 036 \*\*\*150.00

DOCUMENT # P96000068102

1. Entity Name

NORMIE'S ICE CREAM COMPANY, INC. ✓

Principal Place of Business

Mailing Address

PO BOX 820483  
 S. FLORIDA, FLORIDA 33082

PO BOX 820483  
 S. FLORIDA, FL 33082

2. Principal Place of Business

3. Mailing Address

15723 NW 10TH STREET

15723 NW 10TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

650696887

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
 NAME JACOBS, ADAM T  
 STREET ADDRESS PO BOX 820483  
 CITY-ST-ZIP SOUTH FLORIDA, FL 33082

TITLE ☒ Change ☐ Addition  
 NAME JACOBS, ADAM T  
 STREET ADDRESS 15723 NW 10 STREET  
 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE DS ☐ Delete  
 NAME ADDLESTONE, GAIL  
 STREET ADDRESS PO BOX 820483  
 CITY-ST-ZIP SOUTH FLORIDA, FL 33082

TITLE ☒ Change ☐ Addition  
 NAME ADDLESTONE, GAIL  
 STREET ADDRESS 15723 NW 10 STREET  
 CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Adam T. Jacobs ADAM T. JACOBS 2/1/2001 954-749-4025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)